



Module 10 – AR WIC - Solutions for Common Breastfeeding Concerns or Questions

HANDOUT 10.1 REAL LIFE BREASTFEEDING CHALLENGES

Select one or two story starters on page 2. For each of the scenario story starters you selected, address the following questions:

1. What might have caused this mother's concern?
2. What might the mother be feeling in this situation?
3. What affirming statement could help her?
4. What information should be shared with the mother to help her manage this situation?
5. What support options could be offered to her?



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Story Starters

#1 – Crissy and Nate

16-year-old Crissy made a decision to breastfeed after her baby was born. Her baby was taken to the nursery soon after birth and by the time Crissy saw Nate a few hours later, he was sleepy and uninterested in breastfeeding. She offered him the bottle sitting in the bassinet and he took an ounce or so. Trying to get Nate to latch was hard, and by a week postpartum, Crissy's nipples were cracked and bleeding and Nate never seemed satisfied.

#2 – Roberta and Eduardo

Roberta, a first-time mother, has called the WIC office to request formula. She said her new baby, Eduardo, latched on pretty well in the hospital, though they did not have many chances to work on breastfeeding since the baby spent most of the time in the nursery. Now that she is home from the hospital Eduardo arches his back and screams when the breast is offered. Roberta's breasts are swollen and hard and she is feeling tired and run-down from the ordeal.

#3 – Terri and Katie

Terri is concerned that she is not making enough milk for her 2-week-old baby. Things got off to a rocky start in the hospital when Terri ended up delivering Katie by C-section and she did not feel much like breastfeeding for a few days. Katie became jaundiced in the hospital and the nurses told her to flush the baby with fluids. Katie's physician told her to start giving some formula since the baby was not gaining weight well. At 2 weeks, Katie is nearly back to birth weight. However, Terri is concerned that her baby may not be doing well, and has requested formula from WIC.

#4 – Jolene and Marcus

Jolene has phoned the WIC clinic to request formula. She is ill with the flu and worried that continuing to breastfeed her 3-week-old baby, Marcus, will cause him to become ill, as well. Jolene says she was not prepared for how difficult breastfeeding would be, and feels formula will help solve some of the issues she is facing. Today she noticed that her swollen breasts were feeling a little hot.



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HANDOUT 10.2

SOLUTIONS TO SHARE WITH MOTHERS

Sore or Cracked Nipples	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none">Breast or nipple painCracks across the tip of nipple or around the baseBleeding possibleMay be infectedNipple may be flat/inverted and baby is latching poorly	<ul style="list-style-type: none">Ensure a good latch; ask an IBCLC to observe latch in the hospital before dischargeBreastfeed at least 8 times every 24 hours – every time baby shows early signs of hungerAvoid long intervals between feeds (baby nurses more vigorously when he has not eaten in awhile)Keep breast pads clean and dryAvoid alcohol, soaps, perfumes, deodorants, and other products on the breastAvoid bottles the first 3-4 weeks	<p>Before the Feed:</p> <ul style="list-style-type: none">Begin feeding on the side that hurts less (baby nurses more vigorously on the first breast)Ensure a good latch; ask the WIC Breastfeeding Contact Person for additional helpVary the positions for breastfeedingMassage breasts to encourage milk to flow before latching baby <p>During the Feed:</p> <ul style="list-style-type: none">Do not limit feedings <p>After the Feed:</p> <ul style="list-style-type: none">Apply drops of mother's milk, lanolin, or petroleum jelly <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none">Do not stop breastfeeding unless nipples are severely damaged; use a breast pump to maintain milk productionDO not use soap or creams on nipplesDo not miss feedings or wait until the breast is full to breastfeed	<p>Comfort measures do not resolve the soreness</p> <p>Mother reports severely damaged nipples or pain with breastfeeding</p> <p>Mother reports a severe burning, stinging sensation (could signify Candida albicans) or says baby has white patches inside mouth</p> <p>Mother reports her nipples are blanched after feeding</p> <p>Mother is running a fever</p> <p>Mother's nipples look infected</p>



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Engorgement	Prevention	Simple Comfort Measures	Yield When:
<p>Physical Symptoms</p> <ul style="list-style-type: none"> Swelling Tenderness Warmth Pain Skin shiny, tight Nipple flattened <p>Mother May Report</p> <ul style="list-style-type: none"> It began on the 3rd to 5th day after birth Breastfeeding was going well until now Baby cries and refuses the breast Her breasts feel hard and painful She feels overwhelmed 	<ul style="list-style-type: none"> Breastfeed within the first hour after birth Get help to assure baby is latched well Breastfeed at least 8 times or more every 24 hours in the early days Listen for signs of the baby swallowing to be sure milk is transferring Respond to baby's early signs of readiness to feed and feed day and night when those early signs are observed Keep baby skin to skin with mother Do not limit the feedings; allow baby to feed as long as he wants and to release the breast on his own Avoid supplementing the baby with foods other than the mother's milk 	<p>Before the Feed:</p> <ul style="list-style-type: none"> Apply warm (not hot) compresses Perform "reverse pressure softening" to relieve edema and allow the softened areola to be easier to grasp Express a little milk to soften the areola <p>After the Feed:</p> <ul style="list-style-type: none"> If the mother still feels full, continue to express milk to relieve the fullness Apply ice packs (frozen peas work well) <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> Breastfeed more frequently Offer both breasts at each feeding Pump or hand express milk if necessary to keep breasts from being uncomfortably full Use a manual pump or hand express milk in a warm shower or bath 	<p>Comfort measures have not relieved engorgement</p>



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Plugged Duct	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> Localized pain Lump that is tender Mother's temperature usually below 101.3°F 	<ul style="list-style-type: none"> Ensure a good latch Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger Let the baby release the breast to end the feed Breastfeed in varied positions Avoid long intervals between feeds Follow basic engorgement prevention recommendations Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) Ask for help from family and friends for non-infant-care chores Rest and drink plenty of fluids 	<p>Before the Feed:</p> <ul style="list-style-type: none"> Apply warm (not hot) compresses over the blocked area Massage the breast toward the nipple, paying attention to gently massaging the lumpy area <p>During the Feed:</p> <ul style="list-style-type: none"> Position baby with chin pointed toward the affected area Ensure a good latch Begin feeding on the breast with the plugged duct Gently massage the lumpy area during the feeding <p>After the Feed:</p> <ul style="list-style-type: none"> Express milk by hand or with a quality breast pump to keep the affected breast from becoming too full <p>Other Things to Keep in Mind:</p> <ul style="list-style-type: none"> Do not avoid breastfeeding Allow the baby to feed whenever he shows signs of hunger Get plenty of rest Contact the doctor if you begin running a fever Get help from the WIC Breastfeeding Contact Person who can observe a feed and ensure the baby is latched well and is transferring milk 	<p>The plugged duct is not relieved</p> <p>Mother reports fever or flu-like symptoms</p>



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Mastitis	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none"> ▪ Mother has fever ▪ An area on the breast is red and painful ▪ Mother has flu-like symptoms (achy feeling) ▪ Milk production has declined ▪ Baby may not be interested in nursing on that side ▪ Mother has a previous plugged duct that never fully resolved ▪ Mother had history of cracked nipples 	<ul style="list-style-type: none"> ▪ Ensure a good latch ▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger ▪ Let the baby release the breast to end the feed ▪ Avoid long intervals between feeds ▪ Follow basic engorgement prevention recommendations ▪ If plugged duct arises, treat aggressively ▪ Avoid tight clothing or other things that can press against sensitive milk ducts (ex: shoulder strap in the car, purse or diaper bag strap, too tight bra, or pulling bra over the breast to breastfeed) ▪ Ask for help from family and friends for non-infant-care chores ▪ Rest and drink plenty of fluids and avoid overdoing it 	Before the Feed: <ul style="list-style-type: none"> ▪ Apply warm (not hot.) compresses over the affected area During the Feed: <ul style="list-style-type: none"> ▪ Breastfeed on both breasts, beginning with the affected breast ▪ Begin feeding on the side with the plugged duct ▪ Gently massage the lumpy area while baby is feeding After the Feed: <ul style="list-style-type: none"> ▪ Remove milk by hand or with a quality breast pump if breast is still uncomfortably full ▪ REST ▪ Drink plenty of fluids ▪ Be vigilant about hand washing Other Things to Keep in Mind: <ul style="list-style-type: none"> ▪ Baby can continue to breastfeed ▪ Do not stop breastfeeding. Breasts need to be well drained ▪ Put the baby to breast whenever he shows signs of hunger ▪ Always contact the doctor if mother is running a fever or has flu-like symptoms; encourage her to consult her physician if symptoms do not improve after beginning an antibiotic regimen 	<p>Mother reports fever and/or flu-like symptoms, or a reddened area on her breast</p>



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Low Milk Production	Prevention	Simple Comfort Measures	Yield When:
Symptoms: <ul style="list-style-type: none">▪ The baby has fewer than 3 stools per day in the first 3-4 weeks and is not gaining weight well (at least 4-7 ounces per week)▪ The baby does not feed 8-12 times every 24 hours▪ Mom limits the baby's time at the breast▪ The baby has begun supplemental formula or solid foods▪ The mother has begun birth control▪ The mother and baby are separated and mom is not expressing milk while away from baby	<ul style="list-style-type: none">▪ Ensure the baby is positioned and latched well so that milk transfer can occur▪ Breastfeed at least 8 times every 24 hours, and every time the baby shows signs of hunger▪ Let the baby release the breast to end the feed▪ Avoid long intervals between feeds	<ul style="list-style-type: none">▪ Put the baby to breast whenever he shows signs of hunger▪ Increase the number of feedings (or remove milk with a breast pump)▪ Breastfeed at during the night or early morning when prolactin levels are highest▪ Offer the baby unlimited access to the breast▪ Hold the baby skin to skin▪ Rest and relax to help milk flow▪ Breastfeed on one side and pump on the other to keep the baby at the breast▪ Express milk when separated from baby▪ Talk with physician about medications that can help increase production	<p>The assessment shows the mother has true low milk production</p> <p>The baby is in need of medical attention or follow-up</p>



HANDOUT 10.3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

Amelia phoned the WIC clinic today in tears. The clerk overheard her baby crying in the background while Amelia frantically asked for a quick change to formula. After yielding the mother to a nurse in the clinic, it was discovered that her baby, who had been doing well after she left the hospital, suddenly stopped breastfeeding. Amelia said she hasn't slept since she got home from the hospital 3 days ago. Her mother-in-law is staying with them to help, and insists she has run out of milk and needs formula. Amelia wants quick help from WIC.

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
4. Educate: What information does she need to hear?
5. List 2-3 support options available through WIC that would be helpful for her.
6. Yield: What referrals and follow-up would help Amelia the most?



HANDOUT 10.3

APPLICATION TO PRACTICE – OVERCOMING CHALLENGES

ANSWER SHEET – RESPONSES TO CONSIDER

1. Assess: Write 1-2 questions that will help you learn more about Amelia's situation.
 - *Tell me how your breasts are feeling.*
 - *What all are you feeding your baby right now?*
2. Assess: Write 1-2 questions that will help you determine Amelia's support network or continued breastfeeding.
 - *What kinds of things are people telling you about breastfeeding?*
 - *Who is around to help you right now?*
3. Affirm: What supportive words can be offered to Amelia to affirm her fears and concerns?
 - *I can tell you are worried about your baby.*
 - *Lots of mothers go through this after their baby is born.*
 - *You sound exhausted!*
4. Educate: What information does she need to hear?
 - *Strategies for managing engorgement and increasing rest*
5. List 2-3 support options available through WIC that would be helpful for her.
 - *Weight check at the WIC clinic to assess baby's growth*
 - *Access to a peer counselor*
 - *Home visit*
6. Yield: What referrals and follow-up would help Amelia the most?
 - *WIC Breastfeeding Contact Person or peer counselor*